VILLAGE OF SOUTH LEBANON, OHIO 99 High Street

99 High Street South Lebanon, OH 45065 Ph. (513) 494-2296

USER APPLICATION FOR WATER SERVICE

ACCOUNT NO:	DATE:
NAME(S) OF APPLICANT(S):	
	SOCIAL SECURITY NO
TELEPHONE NO. ()	
DO YOU RENT OR OWN THE PROPERTY? RENT	
LANDLORD / PROPERTY OWNER NAME:	
LANDLORD / PROPERTY OWNER ADDRESS:	
PHONE NO. ()	CELLULAR ()
BILLING ADDRESS:	
WILL SOMEONE BE HOME FOR WATER TURN-ON:	
IF NO, PROVIDE SIGNATURE BELOW INDICATING YOUR	
WATER DAMAGE THAT MAY OCCUR IF SOMEONE IS NO	OT HOME AT THE TIME THE WATER IS TURNED ON.
SIGNATURE:	DATE:
SECURITY DEPOSIT PAID:	
DATE SERVICE STARTED:	
	Γ TO DISCONTIUE SERVICE:
DEPOSIT REFUNDED: DATE:	AMOUNT:
REMARKS (if any):	
water service until notification to discontinue service is received be requested in writing and delivered to the Village of South Village of South Lebanon have not been paid, then the securbalance in excess of the security deposit shall remain the sole satisfy the unpaid balance in full, and the Village of South Lebanon reasonable attorney fees. The undersigned Applicant(s) acknowledges deposit as provided herein shall be refunded only to the period discontinued, provided the amount is greater than \$3.00. When the security deposit as provided herein will be payable jointly. The undersigned Applicant(s) certify that I/We have received	l a complete copy of the Village of South Lebanon Ordinance No corporated herein and made a part hereof, and water service to
DATE: APPLICANT'S SIGNAT	ΓURE(S):
DATE	